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Permit Application No.:					
APPLICATION FOR MINING OPERATIONS MODULE I					
☐ Surface	Date:				
☐ Underground					
☐ Loading/ Processing Plant	☐ Original				
Refuse Reclamation	☐ Amendment to Permit:				
1. Applicant Identification					
1.1 Name of Applicant or Company:					
1.2 Address:					
1.3 City:	State:	Zipcode:			
1.4 Telephone Number:					
1.5 Applicant Employer ID Number:					
1.6 Applicant Social Security Number:					
2. Mine Site Information and Ownership					

2.1 Indicate Acreage to be permitted:

Mining Operation Area		Drainage Control Facilities		Haulroad		Total	Open Acre Limit
ExistingAcres	+	Acres	+	Acres	=	Acres	Acres
RequestingAcres	+	Acres	+	Acres	=	Acres	Acres
TotalAcres	+	Acres	+	Acres	=	Acres	Acres

Peri	mit Application No	o.:					
2.2	Will the operation be permitted in increments? \square YES \square NO						
	If YES, indicate the each increment.						to be permitted in ment.
	Increment	Total Acres	Open Acres	Drainage	Control Facilitie	es Area	Haulroad Acres
2.3	Indicate the antic	ipated starir	ng and ter	mination date	e for each incre	ment of the	mining operation.
	Increment I: Start Termination						
	Increment II: Start Termination						
	Increment III: Start Termination						
	Increment IV:	Start			_ Termination		
2.4	Name of the proposed mine:						
2.5	Maryland Grid Coordinates: N: E:						
2.6							
2.7	Nearest Named Stream:						
2.8							
2.9							
2.10							
	If YES, indicate the permit term being requested: years						
	Document the reasons why, including written confirmation by your proposed source of financing. (Label Attachment I-2.10)						

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Permit Application No.: FOR ITEMS 11 TO 17. IF ADDITIONAL SPACE IS NEEDED. ATTACH SEPARATE SHEETS AND LABEL ATTACHMENTS I-2.11 THROUGH I-2.17, RESPECTIVELY. List the names and addresses of every legal or equitable owner of record of the surface 2.11 property(s) to be mined under this application. Address: _____ State: _____ Zipcode: ____ City: Address: City: _____ State: _____ Zipcode: _____ Address: City: _____ State: ____ Zipcode: ____ 2.12 List the names and addresses of every legal or equitable owner of record of the mineral(s) to be mined under this application: Name: Address: _____ City: State: _____ Zipcode: ____

Name: _______

Address: _____

City: _____

State: _____ Zipcode: ____

Perr	nit Application No.:		
	Name:		
	Address:		
	City:	State:	_ Zipcode:
2.13	List the names and addresses of all hold (surface and mineral) to be mined under		
	Name:		
	Address:		
	City:	State:	Zipcode:
	Name:		
	Address:		
	City:	State:	_ Zipcode:
	Name:		
	Address:		
	City:	State:	Zipcode:
2.14	List any purchaser of record under a real mined under this application:	estate contract of the property	(surface or mineral) to be
	Name:		
	Address:		
	City:	State:	Zipcode:

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Permit Application No.: Name: Address: City: State: Zipcode: Address: ______ City: State: Zipcode: 2.15 List all lands, interests in lands, options or pending bids on interests held or made by the applicant for lands which are contiguous to the area to be covered by the permit: 2.16 List the names and addresses of the owners of record of all surface areas contiguous to any part of the proposed permit area: Name: Address: State: _____ Zipcode: _____ City: Name: Address: City: _____ State: Zipcode: Address: State: _____ Zipcode: ____

Peri	mit Application No.:		<u> </u>						
2.17 List the names and addresses of all owners of record of all mineral rights contiguous to of the proposed permit area.									
	Name:								
	Address:								
	City:	State:	Zipcode:						
	Name:								
	Address:								
	City:	State:	Zipcode:						
	Name:								
	City:	State:	Zipcode:						
3. <u>Op</u>	erator Information								
3.1	Will the mine operator of the proposed permit be different from the applicant? \square YES \square NO								
	If YES, also submit Form "Operator Information" completed by the operator. A separate form must be completed by each operator, other than the applicant, who will conduct surface coal mining operations under this permit. Label Attachment I-3.1.								
4. <u>Rig</u>	ht of Entry								
4.1	The source of the applicant's legal right to enter and conduct surface coal mining operations on the proposed permit area covered by this application is by :								
	from:	for	Acres, located in						
	County in F	lection District No.	dated:						

Per	mit Application No.:					
4.2	Are the rights claimed in the document(s) referenced in item 1 of Part 4 the subject of any pending litigation? ☐ YES ☐ NO					
	If YES, identify the nature and current status of the proceedings and label at Attachment I-4.2.					
4.3	Has the private mineral estate to be mined been severed from the private surface estate? YES NO If YES, provide the following label, Attachment I-4.3.					
	 A copy of the written consent of the surface owner for extraction of coal by surface mining methods; 					
	 A copy of the document of conveyance that expressly grants or reserves the right to extract the coal by surface mining methods. 					
	c) If the conveyance does not expressly grant the right to extract the coal by surface mining methods, document that under State law the applicant has the legal authority to extract the coal by these methods.					
4.4	Attach a complete copy of the Bureau of Mines Consent of Landowner form for each surface owner on the proposed permit area, and label Attachment I-4.4.					
5. <u>Fee</u>	es and Insurance					
5.1	Permit Fee: \$10 ☐ Check OR ☐ Money Order					
	Please enclose with application.					
5.2	Attach a valid certificate of liability insurance as required by COMAR 08.20.15 and label Attachment I-5.2.					
6. <u>Pu</u>	olic Notice of Application					
6.1	Identify the name and address of the public office where a copy of this application will be filed for public inspection.					
	☐ Allegany County: Bureau of Mines Frostburg					
	☐ Garrett County: Soil Conservation District Office, Oakland					
	Other as approved by the Bureau. Specify:					

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F	Permit Application No.:					
6	Attach a copy of the Notice of Application for Surface Mining Permit to be submitted to the newspaper(s) and label Attachment I-6.2. NOTE: Submit under separate cover, no later than two weeks after the last date of publication, the certified proof of publication from the newspaper(s).					
7.	Lar	nds l	Insuitable and Variances			
7	.1	ls tl	ne proposed permit area within any area where mining is prohibited or limited?	YES	NO	
		a)	Within the boundaries of the Youghiogheny River Scenic Corridor?			
		b)	Within 300 feet of occupied dwelling(s)?			
		c)	Within 100 feet of the right of way of a public road(s)?			
		d)	Does the applicant propose to relocate any portion of a public road?			
		e)	Within 25 feet, or a distance of 2 feet for each vertical foot of a highwall from any adjacent property line?			
		f)	Within 300 feet of a public building, school, church, community, institutional building or public park?			
		g)	Within 100 feet of a cemetery?			
		h)	Within 100 feet of an intermittent or perennial stream?			
		i)	Within 500 feet of an abandoned or active underground mine?			
		j)	Within an area designated unsuitable for surface mining operations?			
If YES, identify each instance and attach information supporting applicant's right to conduct surface mining operations on or within these areas, including approval of the person with jurisdiction over the area, if applicable, and label Attachment I-7.1.						
8.	Boı	ndin	9			

8.1 Give a detailed estimate of the cost to perform the reclamation and restoration work to achieve compliance with the regulatory program and requirements of the permit with supporting data for the estimate and label Attachment I-8.1.

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Permit Application No.:	
9. Signature of Applicant or Authorized Agent	
The undersigned, being first duly sworn, states that he Application for Mining Operations and has found it to lacknowledges that any information provided or omittee the Maryland Bureau of Mines may result in criminal claws.	be true and correct. The undersigned further d herein for the purpose of defrauding or misleading
Applicant Company Name:	
Name of Applicant or Agent Whose Signature Appear	s Below:
Title:	Telephone No.:
Signature of Applicant or Agent*:	Date:
Subscribed & Sworn to before me by:	
The Day of	,19
Notary Public	
My Commission Expires:	
State in which commissioned:	

*NOTE: If signer is other than president or secretary of a corporation, attach a notarized copy of power of attorney, or certified resolution which grants signer the legal authority to represent the applicant in this application. (Does not apply to a single proprietorship or partnership.) Such documents should include evidence the power was in effect on the date of signing.